

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

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NAME OF FILER (LAST)	(FIRST)		LUIJ	(MIDDLE)	
TU	THO	THO		NGUYEN	
1. Office, Agency, or Court		1	1. 1		
Agency Name (Do not use acronyms)					
Natural Resources Agency	ohlo	Your Position			
Division, Board, Department, District, if applic			nd Goe Eng	incor	
Divsion of Oil, Gas and Geotherm	N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Associate Oil a	iu Gas Elig		
► If filing for multiple positions, list below or	on an attachment. (Do not u	use acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Check at lea	st one box)				
★ State		Judge or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of			
City of		Other			
3. Type of Statement (Check at least of	ne box)	_			
Annual: The period covered is January	Leaving Office: Date Left//(Check one circle.)				
December 31, 2018.	, , , , , ,	C The period cov	•	1, 2018, through the date of	
The period covered is/_ December 31, 2018.	, through	or- leaving office.	ereu is January	1, 2010, tillough the date of	
Assuming Office: Date assumed	○ The period cov	The period covered is/, through the date of leaving office.			
Candidate: Date of Election	and office soug	ht, if different than Part 1:			
4. Schedule Summary (must comp Schedules attached Schedule A-1 - Investments - schedule A-2 - Investments - schedule B - Real Property - schedule B - Real Prop	ule attached ule attached ule attached	er of pages including the Schedule C - Income, Load Schedule D - Income - Git Schedule E - Income - Git	ns, & Business fts – schedule a	Positions – schedule attached attached	
-or- ⊠ None - No reportable interes	ts on any schedule				
5. Verification MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Doc	cument)				
4800 Stockdale Highway, Suite ADAYTIME TELEPHONE NUMBER	Bakersfie	eld EMAIL ADDRESS	CA	93309	
(661) 3343678		tho.tu@conservation.	.ca.gov		
I have used all reasonable diligence in prepar herein and in any attached schedules is true		viewed this statement and to the		wledge the information containe	
I certify under penalty of perjury under the	e laws of the State of Califo	ornia that the foregoing is tru	e and correct.		
Date Signed <u>2/20/2019</u> Signature					
(month, day, year)		(File the original	ally signed paper state	ment with your filing official.)	